



New York State Department of Taxation and Finance
**Limited Liability Company/
 Limited Liability Partnership
 Filing Fee Payment Form**

IT-204-LL

For calendar year 2006 or fiscal year beginning _____, 2006, and ending _____, _____.

Print or type	Read the instructions, Form IT-204-LL-I, before completing this form.			
	Legal name			Employer identification number
	Trade name of business if different from legal name above			Change of business information
	Address (number and street or rural route)			<input type="checkbox"/> Mark X here if you have changed your mailing address and have not previously notified us (see instructions).
	City, village, or post office	State	ZIP code	Date business started
Principal business activity			Contact person's telephone number ()	

This form must be filed for limited liability companies (LLCs) and limited liability partnerships (LLPs) that are treated as partnerships for federal income tax purposes and single-member LLCs (SMLLCs) that are treated as disregarded entities for federal income tax purposes. Do **not** file this form for an LLC or LLP that has elected to be treated as a corporation for federal income tax purposes.

Part 1 — General information (mark an **X** in the appropriate box)

- 1 Did this entity have any income, gain, loss, or deduction derived from New York sources during the tax year? (see instructions) Yes No
- 2 Did this entity have an interest in real property in New York State during the last three years? Yes No
- 3 Has there been a transfer or acquisition of the controlling interest in the entity during the last three years? ... Yes No

If you answered *No* to question 1, **stop**; do not complete the rest of this form. However, an authorized person must still sign the certification below. If *Yes*, complete the form as follows:

- LLCs and LLPs that are treated as partnerships for federal income tax purposes, complete Part 2.
- SMLLCs that are disregarded entities for federal income tax purposes, complete Part 3.

Part 2 — Partnerships for federal income tax purposes (and disregarded entities with more than one member)

4 Enter the total number of members or partners of this entity as of the last day of its tax year (see instructions)	4.		
5 LLC/LLP filing fee — Enter the amount from line 6 of the <i>New York State filing fee worksheet</i> in the instructions for Form IT-204-LL (make check or money order for the full amount of the required filing fee payable to NYS LLC/LLP Fee ; write your employer identification number and 2006 filing fee on the remittance and staple it to the top of this form)	5.		

Part 3 — Single-member disregarded entities for federal income tax purposes

6 SMLLC disregarded entity — Enter the identification number (employer identification number or social security number) of the entity or individual who will be reporting the income or loss	6.		
7 SMLLC disregarded entity filing fee — Enter \$100 on this line (make check or money order for the full amount of the required filing fee payable to NYS LLC/LLP Fee ; write your employer identification number and 2006 filing fee on the remittance and staple it to the top of this form)	7.		

Certification: I certify that all information contained on this form is true and correct to the best of my knowledge and belief.

▼ Paid preparer's use only ▼		▼ Sign here ▼	
Preparer's signature	▼ SSN or PTIN:	Signature of general partner	
Firm's name (or yours, if self-employed)	• Employer identification number		
Address	Mark an X if self-employed <input type="checkbox"/>	Date	▼ Daytime phone number
	Date		

File this form with payment within 30 days after the last day of the tax year (see instructions).
 Mail to: **STATE PROCESSING CENTER, PO BOX 22076, ALBANY NY 12201-2076.**
 For private delivery services, see instructions.

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Please file this original scannable form with the Tax Department.